



Cancellation of Registration as a Pharmaceutical Assistant on Request (in accordance with S59)

(Please complete this form if you wish to have registration cancelled on request under S59, when commenced)

To: The Registrar, PSI, 18 Shrewsbury Road, Ballsbridge, Dublin 4, Ireland

(Name of applicant in full)

Registration No _____

(Correspondence Address)

(Email Address)

I wish to voluntarily cancel my registration in the Register of Pharmaceutical Assistants in accordance with S59 of the Pharmacy Act 2007. I understand that should I wish to practise as a Pharmaceutical Assistant again in Ireland at a later stage I will be required to apply for and undertake a restoration process to be restored to the Register of Pharmaceutical Assistants.

I understand that by cancelling my registration as a pharmaceutical assistant I will no longer be entitled to practise as a pharmaceutical assistant in Ireland and my name will not appear in the Register of Pharmaceutical Assistants as of the confirmed date of cancellation of my registration.

I understand and authorise the Council of the PSI to cancel my registration as a pharmaceutical assistant in accordance with S59 of the Pharmacy Act.

Signature _____

Date _____